

## Abstracts

These selected abstracts and titles from the world literature are arranged in the following sections:

### *Syphilis and other treponematoses*

(Clinical and therapy; serology and biological false-positive phenomenon; pathology and experimental)

#### *Gonorrhoea*

(Clinical; microbiology; therapy)

#### *Non-specific genital infection*

#### *Reiter's disease*

### *Trichomoniasis*

#### *Candidosis*

#### *Genital herpes*

#### *Other sexually transmitted diseases*

#### *Public health and social aspects*

#### *Miscellaneous*

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### *Syphilis and other treponematoses (clinical and therapy)*

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#### **Congenital syphilis presenting as a case of deafness**

KB HUGHES AND DPJ MURRAY (British Military Hospital, Münster, West Germany). *J Laryngol Otol* 1981;95: 75-80.

#### **Granulomatous secondary syphilis coinciding with PUVA treatment in a patient with psoriasis: an apparent failure of PUVA treatment**

HAM NEUMANN, PJM BERRETTY, AND WR FABER (University of Amsterdam, the Netherlands). *Acta Dermatol Venereol* 1981;61:82-5.

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### *Syphilis (serology and biological false-positive phenomenon)*

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#### **Reproducibility of syphilis serology results**

GW WILLIAMS AND HE BOWMAN (University of Michigan, Ann Arbor, USA). *Am J Clin Pathol* 1980;74:586-8.

#### **An economical, simplified haemagglutination test for mass syphilis screening**

JAJ BARBARA, R SALKER, F LALJI, TD DAVIES, AND JB HARRIS (North London Blood Transfusion Centre, London, UK). *J Clin Pathol* 1980;33:1216-8.

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### *Syphilis (pathology and experimental)*

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#### **Host response to *Treponema pallidum* in intradermally-infected rabbits: evidence of persistence of infection at local and distant sites**

S SELL, D GAMBOA, SA BAKER-ZANDER, SA LUKEHART, AND JN MILLER (University of California, San Diego, USA). *J Invest Dermatol* 1980;75:470-5.

The authors investigated the response in rabbits to an intradermal inoculation with 50 µl of a *T pallidum* suspension containing  $2 \times 10^7$  treponemes/ml. Using double antibody staining techniques on sections cut from the dermal lesions they studied (a) the multiplication of *T pallidum* at the site of the inoculation; (b) the infiltration of the area with T lymphocytes; and (c) the secretion of IgG around the site over a period of six weeks after infection. In addition, the spleen, liver, testes, and popliteal lymph nodes were similarly examined.

They found that one week after infection *T pallidum* could be identified in the dermis, together with a diffuse infiltration of the dermis with T lymphocytes and a small amount of IgG. The cellular infiltration with T cells was more pronounced after two weeks, with an increase in the number of *T pallidum* throughout the dermis particularly around the hair follicles. The IgG concentration also increased.

Four weeks after infection the cellular infiltrate was less, and fewer T cells could be identified. There was a lower concentration of IgG and no *T pallidum* could be found. After six weeks most of the T cells

were found only around the hair follicles, and only small amounts of IgG were detected. A few *T pallidum* could be identified in fibrous tissue. Also at this time *T pallidum* was identified in the testes, with occasional organisms in the spleen and lymph nodes. No T cells or IgG were detected around these treponemes.

G D Morrison

#### **Surface characterization of virulent *Treponema pallidum***

JF ALDERETE AND JB BASEMAN (University of Texas, San Antonio, USA). *Infect Immun* 1980;30:814-23.

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### *Gonorrhoea (clinical)*

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#### **Gonorrheal infection followed by an increased frequency of cervical carcinoma**

S FURGYIK AND B ASTEDT (University of Lund, Sweden). *Acta Obstet Gynecol Scand* 1980;59:221-4.

This retrospective study compared the incidence of carcinoma in situ and invasive cervical carcinoma in two groups of women, the first consisting of 164 patients who had had confirmed gonorrhoea 23 to 24 years previously (that is, in 1954 or 1955) and the second of an equal number of closely age-matched controls with no previous history of gonorrhoea. Both groups had taken part in mass screening examinations every fourth year since 1966. The patients with confirmed gonorrhoea had, in addition, been screened cytologically since 1956.

Whenever the vaginal smears showed abnormalities biopsy specimens were taken by colposcopy. The diagnosis of carcinoma of the cervix was always verified histologically using biopsy specimens or those obtained at conisation or hysterectomy.

Of the 164 women in the first group 29 (17.7%) developed carcinoma in situ, whereas of the controls only seven (4.3%) did so. Invasive cervical carcinoma was seen in eight (4.9%) of the patients and in one (0.6%) of the controls. It thus appeared that women who had had gonorrhoea were four times as likely to develop malignant lesions of the cervix as those who had not. In view of this it was felt that such women should be looked at more closely during gynaecological examinations.

Possible factors concerned with the development of cervical carcinoma following gonorrhoea as well as the interval of time between infection and malignancy are discussed.

C S Ratnatunga

#### **Gonococcal peritonitis following uterine manipulation at laparoscopy**

JE GOODNOUGH, R O'SHAUGHNESSY, AND D SHOFF (Ohio State University, Columbus, USA). *Am J Obstet Gynecol* 1981; **139**: 218-9.

Acute gonococcal peritonitis occurred after invasive uterine manipulation during laparoscopy in a 20-year-old woman, who was being investigated for chronic pelvic pain. A No 15 Hegar cervical dilator had been inserted into the uterus to improve visualisation of the pelvic organs during laparoscopy; no abnormalities were demonstrated and the patient was discharged. She was readmitted 24 hours later with symptoms and signs of generalised peritonitis; at laparoscopy purulent foul-smelling peritoneal fluid was found without evidence of bowel perforation. *Neisseria gonorrhoeae* was subsequently cultured from the cervix, blood, and peritoneal fluid.

It is suggested that either less adequate non-invasive uterine manipulation is used or cultures are taken to exclude gonorrhoea before the passage of a dilator or sound. A culture to exclude cervical infection with *Chlamydia trachomatis* would also seem to be of value.

R S Pattman

### **Gonorrhoea (microbiology)**

#### **Comparison of modified New York City medium with Martin-Lewis medium for recovery of *Neisseria gonorrhoeae* from clinical specimens**

PA GRANATO, JL PAEPKE, AND LB WEINER (Veterans Administration Hospital, Syracuse, USA). *J Clin Microbiol* 1980; **12**: 748-52.

Modified New York City (MNYC) medium and Martin-Lewis (ML) medium for the isolation of gonococci were compared and evaluated. Both media were prepared in JEMBEC plates and tested by standard quality control procedures. A total of 1250 clinical specimens was collected from walk-in patients attending a sexually transmitted diseases clinic; samples were collected from either the urethra, cervix, pharynx, or rectum, or a combination of sites. Incubation and identification procedures were identical for both media.

In one part of the trial the same swab was used to inoculate each of the test media. When 500 clinical specimens were inoculated on to ML medium first, a total of 74 specimens showed gonococcal growth on both media; 21 isolates of gonococci were recovered on ML medium only and 13 on MNYC medium only. When the order of inoculation was reversed (MNYC medium first) for a further 500 specimens, 88 gonococcal strains were recovered on both media, 10 on MNYC medium only, and six on ML medium only. Another 250 clinical specimens were tested by eluting organisms from the swab; separate applicators were dipped into the resultant microbial suspension in order to transfer a standardised inoculum to each of the test media. With this system gonococci were isolated on both media from 20 specimens, on MNYC medium only from four specimens, and on ML medium only from four specimens.

Statistical analysis of the results of the individual protocols and of the cumulative results showed no significant differences in the performance of the two media. The authors suggest that in the sequential studies the medium that was processed first received the larger inoculum, which resulted in the higher recovery rate with that particular medium. The possibility that differences in the antibiotic mixtures in each medium, particularly vancomycin in ML medium and lincomycin in MNYC medium, could account for some of the individual variations in the observed gonococcal recovery rates is discussed.

Both media were similar in their ability to support the growth of meningococci and to suppress saprophytic micro-organisms. Since MNYC medium is capable of supporting the growth of *Mycoplasma pneumoniae* and urogenital ureaplasmas as well as pathogenic neisseriae the authors consider that it may have considerable application as a multi-functional plating medium.

As pointed out by the authors, the extent of the discrepancy in results with the two media may be cause for concern. Unfortunately it is unclear from this paper to what extent multiple sites were sampled in individual patients. If multiple sites were examined then it is possible that the large discrepancy in numbers of specimens could be translated into a much smaller difference in the number of cases detected by culture with each medium.

H Young

#### **Serological diagnosis of gonorrhoea: detection of antibodies to gonococcal pili by enzyme-linked immunosorbent assay**

H YOUNG AND AC LOW (University of Edinburgh, UK). *Med Lab Sci* 1980; **38**: 41-7.

An enzyme-linked immunosorbent assay (ELISA) was used to detect antibodies to gonococcal pili in 498 women with gonorrhoea. The predictive value of a positive ELISA result was 35.6%, that of a negative result 94.4%, and that of a positive result with respect to untreated or recently treated gonorrhoea 57.5%. Throat carriage of meningococci had no significant influence on ELISA reactivity. In its present form the ELISA test for antibodies to gonococcal pili seems to be a specific test for gonococcal infection, but it lacks sensitivity.

Authors' summary

#### **Survival of gonococci in urethral secretions with reference to non-sexual transmission of gonococcal infection**

AC SRIVISTAVA (Royal Cornwall Hospital, Truro, UK). *J Med Microbiol* 1980; **13**: 593-6.

#### **Improved media for the culture of *Neisseria gonorrhoeae***

DE MACFARLANE AND JF ELIAS JONES (City Laboratory, Glasgow, UK). *J Med Microbiol* 1980; **13**: 591-608.

### Resolution of basic gonococcal outer membrane proteins by non-equilibrium pH gradient electrophoresis

RB JONES, PA JEMISON, WJ NEWHALL, AND RA HAAK (Indiana University, Indianapolis, USA). *Infect Immun* 1980; **30**: 773-80.

### Role of magnesium in the enzyme-linked immunosorbent assay for lipopolysaccharide of rough *Escherichia coli* strain J5 and *Neisseria gonorrhoeae*

JI ITO, AC WUNDERLICH, J LYONS, CE DAVIES, DG GUINEY, AND IA BRAUCEE (University of Arizona, Tucson, USA). *J Infect Dis* 1980; **142**: 532-7.

### A comparison of the association of *Neisseria gonorrhoeae* with human and guinea pig genital mucosa maintained in organ culture

AP JOHNSON, JB CLARK, MF OSBORN, AND D TAYLOR-ROBINSON (Clinical Research Centre, Harrow, UK). *Br J Exp Pathol* 1980; **61**: 521-7.

### Characteristics of antisera against periodate-resistant membrane antigens from *Neisseria gonorrhoeae*

SF ROE, G EGGSET, O-J IVERSEN, AND JA MAELAND (University of Trondheim, Norway). *Acta Pathol Microbiol Scand* 1980; **88**: 329-34.

### Inhibitory effect of vancomycin on *Neisseria gonorrhoeae* in Thayer-Martin medium

JJ WINDALL, MM HALL, JA WASHINGTON, TJ DOUGLASS, AND LA WEED (Mayo Clinic, Rochester, USA). *J Infect Dis* 1980; **142**: 775.

### Coagglutination as a test for *Neisseria gonorrhoeae*

JRJ BÄNFFER (Public Health Laboratory, Rotterdam, the Netherlands). *Antonie van Leeuwenhoek* 1980; **46**: 425-33.

### In-vitro studies of the adherence of *Neisseria gonorrhoeae* and other urogenital bacteria to vaginal and uroepithelial cells with special regard to the menstrual cycle

L FORSLIN AND D DANIELSSON (Central City Hospital, Örebro, Sweden). *Gynecol Obstet Invest* 1980; **11**: 327-40.

### Adherence in vitro of *Neisseria gonorrhoeae*, *Escherichia coli*, and group B streptococci to vaginal epithelial cells of postmenopausal women

L FORSLIN, D DANIELSSON, AND V FALK (Central City Hospital, Örebro, Sweden). *Gynecol Obstet Invest* 1980; **11**: 341-9.

### Studies of some naturally occurring auxotrophs of *Neisseria gonorrhoeae*

E JUNI AND GA HEYN (University of Michigan, Ann Arbor, USA). *J Gen Microbiol* 1980; **121**: 85-92.

### *Neisseria gonorrhoeae* strains isolated in Hong Kong: in-vitro susceptibility to 13 antibiotics

WS NG, P ANTON, AND K ARNOLD (University of Hong Kong). *Antimicrob Agents Chemother* 1981; **19**: 12-17.

Fifty-five *Neisseria gonorrhoeae* strains isolated in Hong Kong over a period of six months were tested for their in-vitro susceptibility to 13 antimicrobial agents by the agar dilution method. Six strains were  $\beta$ -lactamase-producing. In addition five  $\beta$ -lactamase strains from Singapore were tested. Among the non- $\beta$ -lactamase-producing strains 34 (62%) had intermediate resistance to penicillin, with minimum inhibitory concentrations (MICs) ranging from 0.125 to 0.5  $\mu$ g/ml, and 15 strains were fully susceptible to penicillin (MICs: 0.015 to 0.06  $\mu$ g/ml). The MICs of penicillin for all  $\beta$ -lactamase-producing strains were 2  $\mu$ g/ml, and the strains were resistant to ampicillin. Although a direct correlation between the MICs for resistance to penicillin and the other antibiotics tested was not observed, the gonococci isolated in Hong Kong were notably more resistant to tetracycline and streptomycin than has been reported elsewhere, with 78% of strains requiring an MIC of tetracycline of  $>2 \mu$ g/ml for inhibition and 51% of the isolates requiring an MIC of streptomycin of  $>128 \mu$ g/ml. All strains were susceptible to spectinomycin and kanamycin as well as to sulfamethoxazole-trimethoprim (ratio 19:1). Among the cephalosporins, the order of effectiveness was cefuroxime, cefamandole, and cefoxitin. The older generation of cephalosporins, cephadrine and cephalixin, was the least effective: 45% and 37% of the strains respectively required MICs of  $>8 \mu$ g/ml for inhibition. Cefotaxime, a new parenteral cephalosporin, was the most active; the median MIC was at least 10-fold lower than that of cefuroxime.

#### Authors' summary

### A survey of $\beta$ -lactamase-producing gonococcal isolates reported in the United Kingdom 1979-80: the present trend

NA JOHNSTON, B KOLATOR, AND AD SETH (Venereal Disease Reference Laboratory, London, UK). *Lancet* 1981; **i**: 263-4.

### Response of several limulus amoebocyte lysates to native endotoxin present in gonococcal and non-gonococcal urethral exudates from human males

RB PRIOR AND BA SPAGNA (Ohio State University, Columbus, USA). *J Clin Microbiol* 1981; **13**: 167-70.

### Entry of double-stranded deoxyribonucleic acid during transformation of *Neisseria gonorrhoeae*

GD BISWAS AND PF SPARLING (University of North Carolina, Chapel Hill, USA). *J Bacteriol* 1981; **145**: 638-40.

## Non-specific genital infection

### Erythromycin ointment for ocular prophylaxis of neonatal chlamydial infection

MR HAMMERSCHLAG, JW CHANDLER, ER ALEXANDER, M ENGLISH, WT CHIANG, L KONTSKY, DA ESCHENBACH, AND JR SMITH (University of Washington, Seattle, USA). *JAMA* 1980; **244**: 2291-3.

The efficacy of erythromycin ophthalmic ointment in the prevention of neonatal conjunctivitis and respiratory infection caused by *Chlamydia trachomatis* was evaluated in comparison with 1% silver nitrate drops. Infection, as determined by endocervical culture, was demonstrated in 67 (12%) of 572 women screened in the third trimester and 60 infants borne to chlamydia-positive mothers followed prospectively.

Erythromycin ointment was administered to 24 of these neonates and none developed conjunctivitis, although five (21%) had chlamydial nasopharyngeal infection and one pneumonia. Thirty-six babies received 1% silver nitrate drops; 12 (33%) developed chlamydial conjunctivitis and 10 (29%) nasopharyngeal infection, of whom three had pneumonia. Although 3% of 389 women in the study had endocervical infection with *Neisseria gonorrhoeae* at some time during pregnancy, no cases of gonococcal ophthalmia were found.

It was concluded that erythromycin prophylaxis may be helpful in areas lacking adequate screening procedures for chlamydial infection, although there is no obvious protection from subsequent respiratory infection. Another important disadvantage is that an infected mother is likely to remain untreated.

R S Pattman

**In-vitro activity of rosaramicin against *Chlamydia trachomatis***

WR BOWIE (University of British Columbia, Vancouver, Canada). *Antimicrob Agents Chemother* 1980; **18**:978-9.

***Chlamydia trachomatis*—a retrospective analysis of patients with a positive urogenital culture test**

JCCA LAMBERS AND RE BOELE (University Hospital Binnengasthuis, Amsterdam, the Netherlands). *Br J Dermatol* 1980; **103**:568-9.

**Serologic evidence of chlamydial infection in children**

SB BLACK, M GROSSMAN, L CLES, AND J SCHACHTER (University of California, San Francisco, USA). *J Pediatr* 1981; **78**:65-6.

Children attending two prepaid health plan clinics were screened for chlamydial infection. Antibodies to *Chlamydia trachomatis* were determined by the micro-immunofluorescent antibody technique. The aim of the study was to correlate seropositivity with the mode of transmission and clinical symptoms. Fifteen per cent (71/474) were seropositive for *C trachomatis* (IgG  $\geq 1/8$ ), although in children under 6 years only 2.7% (5/187) were positive with no sex difference. A higher sero-positivity rate of 28.6% (38/133) was found in girls aged 6-15 years compared with 18.2% (18/154) in boys. Under 6 years of age the antibody detected was always IgG, but over 6 years one boy (aged 8 years) and nine girls (9-15 years) had IgM antibody as well. The most common antibody reactivity pattern seen was to the DEL (broadly reactive) group which represents the most common sexually transmitted serotypes of *C trachomatis*.

Thirty-seven seropositive children were matched by age, sex, and duration of health plan membership with 37 seronegative children; their cases were examined retrospectively. Most cases of pneumonia (7/13) in the seropositive group occurred during the first year of life compared to none in the control children. No differences were seen in histories of serous otitis, otitis media, upper respiratory tract infection, gastroenteritis, conjunctivitis, bronchitis, or pneumonia after the age of 1 year.

The lower seropositivity rate of 2.7% in those under 6 years was thought to be consistent with perinatally acquired infection, but the higher rate in older children cannot be fully explained. The possibilities of respiratory tract infection (correlation with rhinovirus infection) and sexual activity

(preponderance of IgM in girls of junior high school age) as factors in the transmission of *C trachomatis* were discussed.

R S Pattman

**Quantitative culture of *Ureaplasma urealyticum* in patients with chronic prostatitis or prostaticitis**

W WEIDNER, H BRUNNER, AND W KRAUSE (University of Giessen, West Germany). *J Urol* 1980; **124**:622-5.

The patients in this study comprised 187 men ranging in age from 17 to 56 years (mean 37 years). Typically, patients complained of variable symptoms such as urinary frequency, urgency, nocturia, terminal dysuria, abdominal aching, backache, or testicular, penile, or perineal pain. For definition of a chronic disease a typical anamnesis of at least two years in duration was mandatory. First-voided urine (approximately 10 ml), mid-stream urine, expressed prostatic secretions, and first-voided urine (approximately 10 ml) after massage were collected for localisation studies. In addition to quantitative cultures for *Ureaplasma urealyticum* specimens were also examined for eubacteria and fungi. In 108 healthy male controls, ranging in age from 19 to 62 years (mean 39 years), the first-voided urine was cultivated quantitatively for mycoplasmas.

Ureaplasmas were isolated in the first-voided urine in 103 (55.1%) of 187 patients but in only 24 (22.2%) of 108 healthy controls.

When quantitative determinations were considered a typical histogram of prostatitis was evident in 36 (19.3%) of the 187 men in the Stamey localisation studies. Mean ureaplasma counts in the first-voided urine specimen of the patients with prostatitis were not statistically different from the data of healthy persons, but in all cases of prostatitis a >10-fold increase in titre was seen after prostate massage. Chlamydial infection was excluded in these 36 men, but in five patients a mixed infection with ureaplasmas and other bacteria was seen. In 20 of the 36 patients the aetiology was uncertain for various reasons, but in the remaining 16 patients (8.6% of the 187 patients with chronic prostatitis) ureaplasmas were considered as the aetiological agent of the disease. Response to tetracycline therapy is discussed.

As noted in an editorial comment, ureaplasmas can be found as normal inhabitants of the anterior urethra of a high percentage of asymptomatic healthy controls. The

mere finding of the organisms in prostatic fluid or semen does not indicate that the patient has an infectious disease or that the prostate is the site of origin of these organisms. Further investigations using serological or biochemical criteria are necessary before *U urealyticum* can unequivocally be considered to be responsible for prostatic infection.

H Young

**Evaluation of preservation methods and solid media suitable for recovery of *Ureaplasma urealyticum* from transported urine specimens**

SS HIPPI, LD ROCKWOOD, HA GAAFAAR, AND Y HAN (New York State Department of Health, Albany, USA). *J Clin Microbiol* 1981; **13**:135-8.

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**Reiter's disease**

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**Presence of circulating immune complexes in Reiter's syndrome and ankylosing spondylitis**

JT ROSENBAUM, AN THEOFILOPOULOS, HO MCDEVITT, AB PEREIRA, D CARSON, AND A CALIN (University of Stanford, Stanford, USA). *Clin Immunol Immunopathol* 1981; **18**:291-7.

Circulating immune complexes (ICs) were sought in the sera of patients with Reiter's syndrome (RS) and ankylosing spondylitis (AS), since (a) the presence of these complexes would support the hypothesis that these diseases are immunologically mediated; and (b) characterisation of the antigen in the complex could provide an important clue to understanding the pathogenesis. Three separate assays were used: the Raji, the conglutinin, and the solid phase anti-C3. All three assays detected complexes in the majority of patients with RS. The Raji was the most sensitive assay, detecting complexes in 67% (20/30) patients with RS. Seventy-seven per cent of RS patients had detectable complexes by at least one of the three assays. For AS, complexes were present in 69% of the sera studied by the Raji assay. The conglutinin assay gave concordant results. By contrast, the anti-C3 assay did not detect complexes in AS sera. Identification of the antigen in these complexes would elucidate the pathogenesis of these diseases.

Authors' summary

## Trichomoniasis

### Trichomonacidal activity of human polymorphonuclear neutrophils: killing by disruption and fragmentation

MF REIN, JA SULLIVAN, AND GL MANDELL (University of Virginia, Charlottesville, USA). *J Infect Dis* 1980; **142**: 575-82.

## Candidosis

### Antiovarian and anti-lymphocyte antibodies in patients with chronic vaginal candidiasis

S MATHUR, JT MELCHERS, EW ADES, HO WILLIAMSON, AND HH FUDENBERG (University of South Carolina, Charleston, USA). *J Reprod Immunol* 1980; **2**: 247-52.

## Genital herpes

### Structure of pocks on the chorioallantoic membrane of fertile hens' eggs induced by herpes simplex virus types 1 and 2

FG RODGERS (University of Nottingham, UK). *Br J Exp Pathol* 1980; **61**: 635-43.

## Other sexually transmitted diseases

### Hepatitis B vaccine: demonstration of efficacy in a controlled trial in a high risk population in the United States

W SZMUNESS, CE STEVENS, EJ HARLEY, EA ZANG, WR OLESKO, DC WILLIAM, R SADOVSKY, JM MORRISON, AND A KELLNER (Columbia University School of Public Health, New York, USA). *N Engl J Med* 1980; **303**: 833-41.

We assessed the efficacy of an inactivated hepatitis B vaccine in a placebo-controlled, randomised, double-blind trial in 1083 homosexual men known to be at high risk of hepatitis B virus infection. The vaccine, made from the plasma of HBsAg carriers, consisted of 20 nm spherical HBsAg particles that were purified by ammonium

sulfate concentration, isopycnic banding on sodium bromide, sucrose gradient-rate zonal separation, and enzymatic digestion with pepsin. The purified particles were treated with formalin at a concentration of 1/4000 for 72 hours at 36°C to kill any possible residual live virus. The vaccine used in the trial was a 1-ml 40-μg dose of HBsAg, subtype *ad*, formulated in an alum adjuvant (lot 751). The vaccine was found to be safe, and the incidence of side effects was low.

Within two months, 77% of the vaccinated persons had high concentrations of antibody against the hepatitis B surface antigen. This rate increased to 96% after the booster dose and remained essentially unchanged for the duration of the trial. For the first 18 months of follow-up, hepatitis B or subclinical infection developed in only 1.4-3.4% of the vaccine recipients compared with 18-27% of placebo recipients ( $P < 0.0001$ ). The reduction of incidence in the vaccinees was as high at 92.3%; none of the vaccinees with a detectable immune response to the vaccine had clinical hepatitis B or asymptomatic antigenemia. A significant reduction of incidence was already seen within 75 days after randomisation; this observation suggests that the vaccine may be efficacious even when given after exposure.

M A Waugh

### *Entamoeba histolytica* infection in male homosexuals

WR BURNHAM, RS REEVE, AND RG FINCH (City Hospital, Nottingham, UK). *Gut* 1980; **21**: 1097-9.

### Ultrastructure of *Calymmatobacterium granulomatis* in lesions of granuloma inguinale

T KUBERSKI, JM PAPADIMITRIOU, AND P PHILLIPS (National Institute of Arthritis, Phoenix, USA). *J Infect Dis* 1980; **142**: 744-9.

### Condylomatous lesions of the uterine cervix with special reference to squamous cell carcinogenesis

KJ SYRJÄNEN (University of Kuopio, Finland). *Gynecol Obstet Invest* 1980; **11**: 350-64.

### Human papillomavirus infection of the cervix—the atypical condyloma

A MEISELS, M ROY, M FORTIER, C MORIN, M CASASCORDERO, KV SHAH, AND H TURGEON (St Sacrament Hospital, Quebec, Canada). *Acta Cytol* 1981; **25**: 7-16.

## Public health and social aspects

### Comparative prevalence rates of sexually transmitted diseases in heterosexual and homosexual men

FN JUDSON (Disease Control Service, Denver, USA). *Am J Epidemiol* 1980; **112**: 836-9.

### Biological effects of sexual freedom

RD CATTERALL (Middlesex Hospital, London, UK). *Lancet* 1981; **i**: 315-9.

### Repeal of mandated premarital tests for syphilis—a survey of state health officers

YM FELMAN (Bureau of Venereal Disease Control, New York, USA). *Am J Public Health* 1981; **71**: 155-9.

### Premarital syphilis screening—weighing the benefits

RJ KINGON AND PJ WIESNER (Center for Disease Control, Atlanta, USA). *Am J Public Health* 1981; **71**: 160-2.

## Miscellaneous

### HLA antigens and sacro-iliitis in chronic prostatitis

P MØLLER, O VINJE, AND A FRYJORDET (University of Oslo, Norway). *Scand J Rheumatol* 1980; **9**: 138-40.

A group of patients with chronic prostatitis was selected on clinical and microscopical grounds. Other patients with pathogenic micro-organisms from expressed prostatic secretion, urine, and urethral smears were excluded from the study.

Of 29 patients, 10 had had an acute attack of back pain and two were HLA-B27-positive. These two patients had had acute attacks of back pain more than three months previously, but no sacro-iliitis was evident radiologically.

Two other patients were found to have sacro-iliitis radiologically (assessed independently); one of these had never experienced low-back pain. Prostatitis had not been a long-term feature either. No patient had peripheral arthropathy or acute anterior uveitis.

It would be interesting to study a larger sample for any possible association of HLA-B27-positive patients with chronic prostatitis with sacro-iliitis (and ankylosing spondylitis).

J M Harvey